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ABSTRACT

The document details the organization of the Bernice M. Wright Co-Operative Nursery School (BWCSN). The co-op approach in a university setting is discussed. Staff organization and family membership are outlined. Four specific educational objectives are listed, as are the school's characteristics. The integration of handicapped children into the school is discussed, both in relation to the child and also to his/her parents. Appendixes include, in part, a description of the Developmental Therapy curriculum objectives. (PHR)

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A Description of
The Bernice M. Wright
Co-operative Preschool Program

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The Bernice M. Wright Co-Operative Nursery School (BWCNS) is a family-centered educational institution. As a parent-run co-operative, the program emphasizes the crucial role which parents ultimately play as the primary "teachers" of their children.

Consistent with an emphasis on parent involvement, the Co-op requires that all parents participate as supervised assistants in all of our preschool classrooms. In this capacity parents are afforded an opportunity to learn a great deal about preschool age children. In addition, through observation of professional teacher styles of adult-child interaction, and through shared participation in classroom activity, parents develop new skills and approaches to working effectively with young children.

Parents also acquire organizational skills and gain confidence through full participation in the administrative and decision-making processes by which the Co-operative is governed. Additional family involvement is built into the program through home visits, parent committees and parent discussion sessions.

At a time when social and economic forces are divisively altering the character of American family life, the BWCNS seeks to foster family cohesiveness through shared participation in the education of young children. At a time when child care is becoming increasingly professionalized and institutionalized, our Co-operative seeks to reaffirm, through its program, the family's primary responsibility for the socialization of children.

Our school is not only a cost effective parent financed Co-operative, but a University laboratory facility as well. Thus, our program represents perhaps a unique blend of parent participation and professional

expertise. The Co-op has been able to draw on the considerable talent available at Syracuse University. Faculty from the School of Education, as well as the College for Human Development, are available on a consulting basis and in some cases are deeply committed to and involved in our program. This has afforded our school an opportunity to create a particularly strong educational program, not only for the children, but for the parents, staff, faculty, and students who are collectively involved in this enthusiastic co-operative enterprise. In addition, the University provides the Co-op with a building to house its program, telephone service, light custodial and basic repair services, and the services of a professional director.

In turn, the Co-op voluntarily contributes approximately $18,000.00 per year in stipends to six graduate students usually from the College for Human Development and the School of Education. Furthermore, the Co-op provides invaluable teacher training and research experience for students and faculty from a variety of disciplines, including, among others, child development, early childhood education, and special education.

Staff

The Director of the School is retained by the College for Human Development. She is responsible to and works with both an Executive Board and the Chairperson of the Department of Child and Family Studies. The Executive Board of the School is comprised primarily of parents, but includes the Director, a faculty advisor and a teacher representative. The Executive Board works with the professional staff to determine policy on behalf of the general membership.

The Co-operative's teaching staff is organized under the direction of six head teachers, each of whom is responsible for one or two groups of not more than sixteen children each. Assistant teachers are undergraduate students enrolled in Syracuse University's Early Childhood Education Program. In addition, there is one parent-teacher or "assisting parent" in each classroom each day. The ratio of children to adults in the classroom is in most cases 4:1. The four adults include the head teacher, two assisting student teachers and one parent.

Membership

The membership of the Co-operative is fairly stable over a single academic year but changes substantially from year to year. About 30% of the membership is new to the school in any given year. The majority of the families in the Co-operative are members of the University community. Approximately 50% are student families. Ten% are faculty and staff families. Non-university families comprise the remaining 40% of our membership. Nearly 20% of our families are international, and thus, it is common for each class to have one or two children who do not speak English or who speak no language at all. In fact, there are children in many of our classes who need special attention for a variety of developmental problems including deficits in the physical, cognitive and social-emotional realms.

Preschool Education and the Development of Competence

There has been a tendency among many educators of preschool children to equate competence with intelligence and the growth of intelligence with gains in I.Q. points. However, the primary goal of the Bernice M. Wright Co-operative preschool program is to enhance the opportunity for each child to become maximally competent; intellectually,

physically, socially and emotionally. Becoming competent in this broader sense of the word involves the development of a multiplicity of skills required to deal successfully with the world as an autonomous accomplished and valued person. To acquire these requisite capabilities, a child's early educational experience must, in addition to facilitating cognitive development, also nurture a sense of self worth, encourage initiative and reward accomplishment. To the extent that it fails to do so, any child typical or disabled suffers the risk of becoming, in some respects, a handicapped person.

The Classroom Experience

Children's learning in the classroom at Bernice M. Wright Co-operative Nursery School does not occur solely as a function of didactic teacher/child exchanges. Rather, learning experiences are imbedded in ongoing social activity, which allows teachers to capitalize on a pre-schooler's active investment in learning and discovery. Our primary educational thrust is toward synthesis and integration of a child's abilities rather than acceleration. During the sixties, many programs which attempted to utilize developmental theory had as their primary goal the acceleration of a child's movement from one stage to another. More recently, Kamii (1975) and others have noted the ineffectiveness of this approach and have re-emphasized the development of intelligence as "a coherent and powerful whole." The Co-op program provides many opportunities for growth as an elaboration and integration of stage-appropriate skills.

Each classroom within the school operates as a unit and maintains its own schedule and daily program. The daily program is planned by the master teacher in charge of each group. Each class session is structured

to include a variety of individual and small group activities designed to achieve specific educational objectives. These objectives, in turn, are part of a more general and holistic educational plan encompassing several areas of child development. The delineation of these areas should not imply that the program deals with these skills in a fragmented fashion. In practice, whole, integrated experiences meet a number of 'objectives' simultaneously. Areas of concentration include:

1. Building intellectual skills through experiences which develop:
   a. observational ability (appropriate orienting; attending; increasing auditory and visual discrimination; the ability to describe);
   b. organizational abilities (classifying; quantifying; relational concepts; analyzing; synthesizing);
   c. problem-solving (information-seeking; inferring; risk-taking; following directions; combining materials/ideas in a novel way; concluding; evaluating);
   d. the ability to communicate ideas (listening; repeating and interpreting communications of others; elaborating own communications to others).
2. Developing interpersonal skills through experiences and practices which foster:
   a. the ability to initiate positive contact with a single peer; with a small group; with a non-family adult;
   b. the ability to sustain peer interaction past initial conflicts of interest;
   c. the ability to interact within another child's theme; conversely the ability to lead others within one's own theme;
   d. sharing feelings and ideas with a friend; with a small group; with an adult;
   e. giving and accepting feedback from peers and adults;
   f. observing the attributes of another; perceiving how those attributes affect a shared task;
   g. observing and compromising on differences within the group.

3. Developing physical skills and a positive physical image through:
   a. experiencing different body positions and motions;
   b. using physical senses to explore;
   c. focusing on each individual's positive physical abilities;
   d. practicing physical skills necessary for self-management;
   e. using materials which foster fine motor skills/gross motor skills.
4. Strengthening feelings of self-worth through procedures and an environment which foster:
   a. helping oneself; conversely asking for help from peer/adult when needed.
   b. forming a realistic estimate of what one can accomplish; feeling pride.
   c. the ability to 'self-engage.'

Co-Operative Preschool Education

There is evidence that preschool programs employing diverse curricula are equally successful in achieving common educational goals. Apparently, it is not the particular content of early childhood education curricula which seems to matter but rather characteristics common to the conduct of many programs. Wynne (1975) has indicated that clearly-defined educational goals, structured but flexible teaching, and staff enthusiasm are among the most important ingredients of successful preschool programs. In addition, individualized planning/instruction, program assessment/evaluation, and parent participation have been emphasized as critical components of an effective preschool operation. It is our experience that these program characteristics are most easily and effectively accomplished in a co-operative preschool setting.

A well-run co-operative preschool program facilitates the generation and maintenance of enthusiasm among parents, teachers, and children alike. In fact, the administrative organization of the Bernice M. Wright Co-operative Nursery School is expressly designed, first and foremost, to

achieve that end, for without enthusiasm, curricula grow stale and programs wither.

In order to sustain enthusiasm, our school first encourages individual staff autonomy and self determination. Everyone is important. Everyone has something to contribute. Of course, our Co-op also emphasizes the importance of shared work responsibilities and collective participation in the process of Co-op decision making. As a result of these emphases, all who work at Bernice Wright, including parents, feel that they are an integral part of the program. They do not work for the school in institutionally subordinate roles; they work for themselves, as members of a team with an over-riding superordinate goal, and that is, the education of the children of our Co-op member families.

The quality and intensity of personal work investment that such an atmosphere creates is quite impressive. Everyone works a little longer and a little harder. They feel good about what they are doing, and they feel good about themselves because the Co-op builds and reinforces each individual's sense of self as a valued and accomplished person. Though such qualities may seem ephemeral, they are at the heart of our program. We feel that it is not possible to facilitate the healthy growth and development of preschool children in an institutional environment that is not itself an emotionally healthy and growth facilitating one for the adults who work here.

The emphasis on individual worth and accomplishment is central to our educational program as well. Each of our children is perceived as unique with personal strengths and weaknesses that require respectively, nurturing and special attention. Thus, curriculum goals for each child are expressly designed to meet each child's special needs. Our program,

unlike many others, is not monolithic. It is multi-faceted and designed to be flexible. For example, after initial curriculum plans are established for the children in each class, teaching teams meet weekly to discuss the progress of each child and to evaluate the previous week's program. Then, these teams update and develop revised educational objectives for each child for the week to come. There is also a weekly staff meeting during which teachers share with one another and the director problems and progress being made with children in their respective classrooms. In addition, the director meets with each teacher individually at least once a week, in order to provide teacher supervision. Finally, the faculty advisor regularly supervises the teachers in independent study designed to academically supplement their teaching experience.

The Special Needs Child

The Co-operative has a five-year history of involvement with handicapped children. Some have been referred from community agencies who are aware of the quality of the program. Others have been referred from other clinics or therapy programs within the University system (i.e., Infant Stimulation Program of Gebbe Clinic, Special Education, S.U.). Some of our handicapped children were identified by experienced head teachers after enrollment in the Co-operative. Currently, 5% of the children enrolled in the Co-op are handicapped.

Over the years the Co-operative has worked with children with cognitive, physical and social-emotional disabilities. Some of the specific types of disabilities with which we have had experience include: retardation, blindness, learning disabilities, autism, spina bifida, deafness, and multiple handicapping conditions.

Beginning with a child's initial application to our program, his or her individual needs are evaluated. We have no rigid guidelines as to the type or severity of disability with which we will work. Rather, we have concentrated on developing an intake process designed to weigh a variety of factors which are important if a mainstreaming effort is to be successful. First, agencies working with the child and/or the child's parents are requested to write a letter to the school describing the child with a particular focus on: their goals in enrolling the child; what his classroom-related behavior will look like; specific help he will need with regard to equipment or changes in the classroom environment; as well as specific educational programming requirements. The Co-operative then assesses the classrooms in which there are spaces available and evaluates, respectively, the strength, skills, and confidence of the teacher in the area of this particular disability; the composition of the current classroom in terms of the number of children with highly individualized needs already enrolled; and the general chemistry of the classroom group. Since there are nine classrooms in our school, it is almost always possible to find an appropriate situation.

Granted a favorable classroom environment can be found, the Director secures two elements of support for the head teacher before each child's entrance. (1) The agency or agencies working with the child are asked to commit themselves to regular contact with the head teacher and/or Director for purposes of consultation on individual needs. (2) The Director obtains an additional staff person for the classroom if needed. This person is designated as a "special friend." The role of the special friend is not to work one-to-one with the child -- a practice we feel more appropriate to a therapeutic setting -- but to carry out the head teacher's plans for that child within the context of the group.

After the child has entered school, teachers immediately begin to collect observational data, as is done with all our children. Usually these observations are in the form of a descriptive narration. Observations of each child are then evaluated using Developmental Therapy checklists and/or a less formal inventory used in individualized planning for all children.* Regular contacts are maintained with parents and therapists in a continual process of planning and assessment.

Specific plans for a child with special needs are carried out within the context of the ongoing program. Some program characteristics which make this possible are: (1) an open setting which includes both opportunities to work alone and with groups in both teacher-directed and self-initiated activities; (2) planned sequences of activities within that environment designed to meet specific goals identified by the head teacher as appropriate for individuals and/or small groups in her classroom; (3) adult/staff ratio which enables teachers to structure learning experiences for individuals within this environment by modifying goals and/or materials as each child participates in an activity.

It would be hard to overestimate the effect of our Co-operative nature on our mainstreaming attempts. The experience of bringing a child into a community of families and professionals differs markedly from turning a child over to a less personal institution. For example, the close parent-teacher relationship makes possible a constant flow of effective and constructive communication. While all our members value this, it has been our experience that it is especially welcome to parents of children with special needs. In addition, our families with special

*See Appendix for description of Developmental Therapy and informal inventory.

children have become trainers of our teachers. The strength and persistance of these families in developing effective strategies in living with and teaching their children has been a source of inspiration as well as practical support.

The day-to-day involvement of all parents in the program extends the effect of our classrooms into home activities as well. Not only are home activities brought to share with the group, but many times school activities are duplicated at home. As parents of both handicapped and non-handicapped children interact with the group, they become better able to help their children understand and deal with individual differences.

A Co-operative tends to draw individuals from the population who value interpersonal relations and who are invested in a sense of community. The efforts of teachers and parents to facilitate learning within the context of a peer society in the classroom is a reflection of those values. This concern with the development of interpersonal skills is central to the conduct of nearly every aspect of the Co-operative program. It is also a powerful facilitator of a successful mainstreaming effort. It means that parents and teachers are invested in assuring that each child is working in a positive social context and that no child is physically integrated into the program without also becoming part of the mainstream of classroom life.

The Special Needs Parent

When a child is handicapped, the parent's job of control and management of the young child's daily life can become extraordinarily complex; in fact, so complex that many parents find it difficult to maintain a sense of competence and confidence in their childrearing. In part, this occurs because parental reliance on conventional wisdom regarding child

care is inexorably replaced by a round of contacts with the medical profession. The parent becomes a seeker of information. The doctor or therapist is the "expert." During periods of hospitalization, the parent's role in child management is often completely relinquished.

Families also play the difficult role of mediating between the child and the wider community. Just managing the handicapped child's encounters with others is problematic. Families expend enormous energy simply managing the kind of impression that the child creates and in defining the situation for outsiders.

It is, perhaps, not suprising that a child with special problems also arouses in parents a special protectiveness. Parents worry about the rough-and-tumble pla[illegible] siblings and other non-handicapped children, about exposure to illness, and about leaving their child with a non-family adult who may not have specialized knowledge about the child's disability.

The diminished sense of control in child care, the problematic nature of child/community contacts and the special protectiveness elicited by the handicapped child suggest that the first family/school encounter is a critical one. Parents' desire for competence and control as caretakers must be supported in a positive way. At the same time, the school contact must widen the circle of "community" for the family.

A first school experience within the framework of a Co-operative preschool does support families in their needs for control and confidence. Such a preschool integrates both users of service (i.e., parents) and professional staff in decision-making processes and in the classroom. The process of relinquishing the child to the school as an institution becomes easier when one retains some control over the institution. Parents also gain confidence from observing teacher/child interactions

in the classroom and from their own interactions with the wide range of children in the classroom. In addition, parents of non-handicapped children might be expected to gain myth-dispelling information through interaction with handicapped children in the classroom. In general, parents of handicapped children may find it easier to develop relationships with other families within the school community because all members of a Co-operative school share knowledge of and interact with all the children enrolled. There is no question that a Co-operative program can ameliorate some of the isolation and loneliness to which many families of handicapped children fall prey.

In fact, our Co-operative school is a potent force in providing assistance of all kinds to many families with a wide range of needs. All of our families find at Bernice M. Wright Co-operative Nursery School advocacy, support and friendship.

APPENDIX

WORKING VERSION OF THE BERNICE M. WRIGHT CO-OPERATIVE

PRESCHOOL INVENTORY

1. Plays alone in an organized way.
2. Plays near peer with companionable awareness of other's play.
3. Sustains interaction with single peer.
4. Initiates contact with single peer.
5. Plays with small group of peers.
6. Approaches and initiates contact with small group of peers.
7. "Problem-solves" with a peer to keep a play episode going.
8. Understands and plays another child's game or idea.
9. Initiates a play theme or idea.
10. Gives feedback to peers ("You're too loud." "I like you").
11. Observes attributes of other children.
12. Accommodates to attributes of other children (younger, smaller, handicapped).
13. Expresses ideas to a group.
14. Understands and compromises on differences in the group.
15. Accepts comfort from an adult.
16. Initiates contact with adult (shares information, shares feelings, questions).
17. Accepts limits of adult.

PHYSICAL DEVELOPMENT

1. Uses hearing, vision, touch, smell to explore.
2. Performs a variety of physical motions appropriate to age (walk, run, jump, hop, skip, roll).
3. Has physical skills necessary for self-management (toileting, buttoning, snack).
4. Uses materials requiring fine motor/gross motor skills with confidence.
5. Demonstrates positive feelings about body and physical abilities.

INTELLECTUAL DEVELOPMENT

1. Is an increasingly keen observer
   a. when presented with new information child orients appropriately and attends for reasonable length of time
   b. shows age-expected ability to make auditory and visual discriminations
   c. can describe what is observed
2. Shows ability to organize information
   a. classifying
   b. quantifying
   c. relational concepts
   d. analysis/synthesis
3. Is developing problem-solving ability
   a. actively seeks information
   b. can make inferences
   c. not afraid to take risks and make guesses
   d. can follow directions
   e. combines materials and ideas in novel way
   f. can draw conclusions and make evaluative statements
4. Is increasing communication skills
   a. listens appropriately
   b. repeats and understands others' communications
   c. can make needs known verbally
   d. expresses ideas verbally
   e. elaborates own communication in response to others

PERSONAL DEVELOPMENT

1. Helps self when able.
2. Asks adult for help when needed.
3. Asks peer for help when needed.
4. Has realistic estimate of what self can do.
5. Shows pride in own work.
6. Can "self-engage" in classroom activities.
7. Can describe self in meaningful way.

DEVELOPMENTAL THERAPY CURRICULUM OBJECTIVES*

Description

The curriculum objectives of Developmental Therapy are 144 general statements outlining a series of sequential, developmental milestones in the four curriculum areas of behavior, communication, socialization, and (pre)academics. These statements are intended to be used as treatment objectives to guide teachers in planning appropriate sequences of experiences for young, disturbed children. Thus, they serve as the curriculum foundation and provide the framework for implementing a program for emotional growth. In addition, they function as the basis for a criterion-referenced evaluation system.

The Developmental Therapy curriculum objectives are used with a rating form (DTORF) which contains abbreviated statements of each of the objectives. the DTORF is used for rating and recording the developmental objectives that a child has and has not mastered. The objectives not mastered become the major therapy emphasis for the child.

The child's teachers together rate the child on the series of objectives in each of the four curriculum areas. These objectives serve to delineate the major focus of treatment for the child during each ten-week treatment period. At least one objective, and no more than four, are used in each of the curriculum areas.

The objectives are rated sequentially, with mastery of previous objectives being necessary before new objectives are initiated. This sequential progression provides direction for parents and teachers anticipating what will come next. It also is a general control against providing too much, too rapidly, for a child to assimilate. By

*Summary courtesy of Jowonio

selecting objectives sequentially within each of the four curriculum areas, uneven patterns of development will be quite evident. That is, a child may be at different Developmental Therapy stages in behavior, communication, socialization, and (pre)academics.

Purposes

The Developmental Therapy objectives may be utilized in two ways.

For use in planning a child's program. By delineating a child's level of mastery within each curriculum area, and by determining where developmental skills are not mastered, the points of intervention are established. The treatment team can then select activities and plan strategies to provide a child with experiences that are appropriate for his specific objectives in each of the four curriculum areas.

In addition to providing a focus for individualizing a child's program, the Developmental Therapy objectives aid in planning for a total class group. By determining which of the objectives apply to all children in the group, experiences, materials and strategies can be selected for the benefit of the entire group.

To document the progress of a child during treatment. The DTORF is completed at the beginning of each term. It is subsequently completed on each child at the middle (7 weeks) and end (14 weeks) of each semester. Used in this manner, the DTORF reflects a child's developmental baseline at the time of enrollment, the most current level of functioning and changes that occur over time. These changes in mastery of developmental objectives are summarized in a growth profile for the five and ten-week intervals and may be further summarized in a Short DTORF Summary which reports percentages of objectives mastered over ten-week intervals.